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CONFIRMATION NO. 3758

<b>SERIAL NUMBER</b> 10/735,349	<b>FILING OR 371(c) DATE</b> 12/11/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 036565-000018
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/658,588 09/08/2003 ABN which is a CON of 09/874,360 06/06/2001 PAT 6,626,890

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 31	<b>TOTAL CLAIMS</b> 91	<b>INDEPENDENT CLAIMS</b> 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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## TITLE

Fat removal and nerve protection device and method

<b>FILING FEE RECEIVED</b> 1476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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